FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEA	iin	REG. N	10.	64	9	, 0
	CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH		DAY Y	YE AR	26 HOUR
MA AN	JOSEPH JOSEPH	ELM	ENR	ADAMS			February	19. 1	986	10	5: 30P
SE	X	4 RACE		5. DATE C		-	AGE (IN YEARS LAST B		IF UNDER		IF UNDER 24 HRS
	Male	Whit	e	Feb	.16,191	3 S	73	YRS		DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	JTRY? 8			BALTIMORE CITY			TH	
	Md.	USA		WIDOWE	D NEVERMAR		St. Mar	y's C	ounty		A
0. C	ITY OR TOWN OF DEATH				OR OTHER INSTITU	TION	120. USUAL OCCUPAT				BUSINESS
L	eonardtown			s Hospit	al	- 7	Farmer	OF WORKING	rife) INDU		ming
36 1	AL RESIDENCE (IF NURSING HON	ME OR OTHER INSTITUTION	GIVE RESIDENCE		134 INSIDE CITY	HALITS?	3e STREET ADDRESS	/ 7IP CO	DE		
		.Mary's		ey Lee		D [3]	Gen. Del		(206	92)
L F	ATHER'S NAME	MIDDLE	LAS		15. MOTHER'S M.		E MIDDLE			LAST	
		ee	Adam		Laur		Anna		E	Bear	
	WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDR	ESS			
1	No	3, GIVE WAR ON DATES)	220-4	18-6330	Cather	ine M	I. Norris	Dr	ayde	n.	Md. 20
-	18 CAUSE OF DEATH (Ente	er only one couse per			1		- 1				MATE INTERVAL
	PART I. DEATH WAS CA	DIATE CAUSE (D)	and	isom	Imma	MI	alun	9	3	二九	11
	D. D. MIN	DUE TO, O	RASA CONS	SEQUENCE OF	0 -	1	1		,		2
	Canditions, if any, which		Can	garal	11	vun	words			W	R
	gove rise to immediate couse (a), stating the		D 45 4 CONS	SEQUENCE OF		73 1 1	The second second				
	underlying couse last	1000,0	R AS A CONS	SEQUENCE OF							
	PART 2. OTHER SIGNIFICA	NI CONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COL	VDITION C	IVEN IN P	APT lus	
NO O							THE DIOLNOL ON CO.				
CERTIFICATION	190 DATE OF OPERATION	19h COND	196 CONDITION FOR WHICH OPERAT			ED	20g AUTOPSY?		ES, WERE		
E							YES NO		TIFYING CA	AUSES	OF DEATH?
CER	210 ACCIDENT WAS UNDERLYING				21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJ			ART 2)	,,,,
	OR CONTRIBUTING CAUSE O	PULAIN		DAY YEAR	1 4 5 5		KOB I				
MEDICAL	11 EITHER NOTIFY MEDICAL EXAM	21e PLACE	OF INJURY	19	211 LOCATION						
Ĕ	WHILE NOT WHILE T		REET FACTORY, O	FFICE FARM ETC)	STREET		CITY OR T	NWC	COUN	ATA	STATE
	220. I certify that (I) (the hounted) attended the declaration 19.						1	119	10 8	1	h
	saw the decease allow		2/19	0.1	nd that in (my) (an	A apinian de	oth occurred on the	ate and h	our and fun	m the c	not (II are) io
	obove, (I) (week) (di	d not) view the body	of death.	1 11				are one me		-	
	ZZU. SIGNATORE	1	10.1	~ M	DEGREE ATTE	NDING SICIAN X	MEDICAL _ STA	FF	1111	120	101
	224 Physicianis have	A V	por	171		SICIAN	DIRECTOR PHYSI		12	AL	186
	22d PHYSICIAN'S ME (1	/	1		22e ADDRESS				- 1	1	
	J. Patrick	Jarboe, M	J.D.				n, Marylan	d 20	0650		
3a 1	BURIAL, CREMATICAL, REMO	1/	1	100000000000000000000000000000000000000	EMETERY OR CREA		23d LOCATION		I OHER		CTAPE
	Burial	2/22/	86	St. Geo:	rges Ce	meter	v Valley	Lee	St.	Mar	y's'N
F	UNERAL DIRECTOR					250. DATE	REG'D. BY REGISTRAL	256 REGI	STRAR'S SI	GNATU	IRE
T. 7	NAME		_ ADDI	RESS 4	200	- date	ואצו ושטי	1	the Contract State	SALES STORY	Seal Profession

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

W. Clarke Mattingley, Leonardtown, Md.

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February 19, 1986 (-30)

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			STATE REGISTRAR			MI		EXAMI	NER'S C	ERTIFIC	ATEO	F DEA	H O	REG. 1	10	o i	U	3
0.	381170		ED NAM E OR PRINT)	e FII	IAM H	HENRY E	ARBER			LAST	100		20. DATE OF DEATH	KNOWN ESTI- X	X MONI		YEAR 19 86	26. HOUR
	SARY, LEAR AL DIRECTO YOUR FILE IIN 72 HOURS	3 SEX	ALE	4 RACE NEGRO	15 D	JAN 12	1	6. AGE (IN Y LAST BIRTHI	AY) MONTH	DER I YR.	HOURS		2c. DATE PRONOUN DE AD	NCED	FEB	H DAY	YEAR 1986	1453 _M
4	ECTSSAR DERAL TOR YOUNTHIN PRESTO	FC	RTHPLACE (S REIGN COUNTRY)			CITIZEN OF V			10	ED NEV	ER MARRI	and the same	ST.	ORE CITY MARY	OR COU	NTY OF		AAD
	美的	10. C	TY OR TOWN	OF DEATH	II.	NAME OF HOLE IN SUCH	SPITAL, NU SPITA			RIVE			TRACT	PATION IT	YPE OF WOR	0	ND OF BUR INDUST	RY
21201	AAN DE		L RESIDENCE	IF IN NURSING	HOME OR OTH OUNTY MAI					13d INSIDE CIT				SS NSVIL	IF R		066	
M.	R DEATH. IF AN AGES 1, 2, AN RM PM 3, RE 17 MD 2 SHO N OF VITAL REL	14. F.	ATHER'S NAMI					LAST		15. MOTHER		N NAME		EMBER			LAST	
BALTIMORE	URS AFTER DE WITH FORM DIVISION OF	16a \	VAS DECEASE ES, NO, OR UNKNO NO	DEVER IN U.		FORCES?		18 397		17. INFORM	ANT WI	Fil	OLD	HERM K HAI	MANSV	ILLE	RD	
W. PRESTON ST.,	WITHIN 24 HOLENCIL IN ITEM 18 MINER ALONG TRANSIT PERMIT NITAL HYGIENE, OR REMOVAL.		PART I DI Canditia gave ri	ns, if any, se to imme	AUSED BY: AEDIATE CA which ediate	DUE TO, C	CAR OR AS A COM MYO), and (c).) DIAC A NSEQUENCE CARDIC NSEQUENCE	OF AL DI							BET	PPROXIMAT WEEN ONSE HOUI	T AND DEATH
NI RECORDS, 201	VULD BE EXECUTE "PENDING" IN FF MEDICAL EXA SED AS A BURIAL "HEALTH AND M AL, CREMATION	CATION	PART 2 OTHER S			(c)RIBUTING TO OEAT		NTEO TO THE TER			Lett.	RT 1 (a				20 .	AUTOPSY	?
DIVISION OF VITAL	HIS CERTIFICATE SHOULD BE EXECUTED WRITING THE WORD "PENDING" IN P ARDED TO THE CHIEF MEDICAL EXA AGE 3 SHOULD BE USED AS A BURIAL AT DEPARTMENT OF HEALTH AND ME 1201 PRIOR TO BURIAL, CREMATION, I	MEDICAL CERTIFICATION	UNDERLYING	NG CAUS	E OF DEAT	HOUR A.	DF INJURY M. MONTH M. E OF INJURY		21f. LO	DW INJURY (OCCURRE	O TENTER N	NATURE OF IN				YES 🗌	NO P
•	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201		22a. I cert death result	fy that I took		the remains d	Accident		Autap	y		Undete	Inquiry ermined mo	onner	and in my	TE.	2/21	he.
	MEDICA GECUTE TH GECUTE TH GECUTE TH FUNERA TER DEATI	1	SIGNATURE EXAMINER'S (TYPE OR PRI	NAME NT)	DA	QIV!	2.	ALL	EN	ADDRESS_	BL	< 60	CAL EXAM	eona	1.	wm /	h/2	050
	P		urial,crema Buria.	l		ATE /5/86		ion (h Cen	n.	Le		ton				
	DHMH - 17 (VR A15 MF (5))	24 F	NAME		2++11	ADDRE		nardt	own.		FER.	05	REGISTRA 1986	R 25h REG	GISTRAR'	SSIGNAT	URE	Md.

20M 4/82

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STATE OF MARYLAND

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Microsoft Land Company of the Land Company of the C

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11	1. DE	LAME FIRST	MIDDLE	MIDDLE			20 DATE OF DEATH MONTH DAY YEAR 26. HOUR			
HIX		ANNA		DAVENPORT			February 27	, 1986	7:50P M	
6	3:35	X	4 RACE		5. DATE C	F BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY		
50	1	FEMALE	BLACK		MAY	17, 1919	66	YRS		
33 107	Ju. 8	MINIPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	8 AA A D D IE I	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH		
111		PENNSYLVANIA	USA		WIDOWE		St. Mary's County			
11/10	b	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC		ADDRESS)	ROTHER INSTITUTION	12g USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK HOMEMAKER		OF BUSINESS OR	
all	MA	AL RESIDENCE (IF NURSING HOME 136 CO ST.	UNTY 13c	RESIDENCE BEFORE CITY OR TOWN CALIFORI	V	13d INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS / ZIP 209 ELMBROOK		20619	
181	0	ABRAHAM		PETTAWAY		15. MOTHER'S MAIDEN NA/ MARY	WIDDIE	HAI	RRIS	
Pages,		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES O	GIVE WAR OR DATES)	200-18-		HENRY E. PET	209 ELN TAWAY CALIFOR	IBROOK DR	aguloga?	
t by the attention can be common to a comm		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	te Mys	ran	teal frate	ton			
of Then plants	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Auth Dranker + 196 DATE OF OPERATION 196 CONDIT! N FOR WHICH OPERATION WAS PERFORMED 186 AND OPERATION 197 WERE FINDINGS USED								
Z	CERTIFICATION		0				YES NO	YES [NO [
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C			Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2	7)	
the the burner of the burner o	MEDICAL	21d INJURY OCCURRED	21e PLACE OF IN (AT HOME STREET, F.		ARM ETC 1	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
CTOR A Hor vie o of Healt s 21 s mg		220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did	2/27	19_8	2/2	7 , 19 86 d that in (my) (our) apinion (to	d hour and from t	, that (I) (we) last he causes stated	
SAL DIRE detocher one Depr		226 SIGNATURE	16				MEDICAL STAFF DIRECTOR PHYSICIAN [1/	86	
hould be hould be with the S			Boyd, M.D.			Leonard to	wn, Md. 20650	, /		
	23a	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
P		BURTAL	3/2/86	E	VERGR	EEN MEMORIAL	LEXINGTON PA	RK. ST.	MARY'S. M	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

5 1986 MAR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 5 1986

100000 St. sary's County A DESCRIPTION OF THE PARTY OF T Least 128 hover, 116. 10650 July Boyd , Bray .

9. BALTIMORE CITY OR COUNTY OF DEATH St. Mary's County 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! 13. STREET ADDRESS / ZIP CODE Gen. De I. Elizabeth P.O. Box 129 213-18-7272A William T. Deagle, Tall Timbers, Md. CHEELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHY YES E NO I 71c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (am) apinion death occurred an the date and have and from the causes stated Leonardtown, Md. 20650 Burial 2/12/86 Charles Memorial Gdns. Leonardtown, St. Mary's 24 FUNERAL DIRECTOR 250. DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE W. Clarke Mattingley , Teonardtown, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

10,

1936

IF UNDER I YEAR

26 HOUR

2:26A

IF LINDER 2.1 HRS

- STATE

REGISTRAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

A TOTAL PROPERTY OF THE PARTY O Section 1 Section 1 19 House Law 2 - 30 And the second s The Mark Williams Water Title W 17 00-Call the State of the same THE ELECTION, MODIFICATION, W. LEWIS SECTION

(VRA 15, 4)

STATE OF MARYLAND

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		1	FOR		DEPARTMENT OF I	FEALTH AND MENTAL	HYGIENE	24110			
05	7037	1.	STATE REGISTRAR	ME	DICAL EXAMIN	ER'S CERTIFICATE	OF DEATHO REG.	0 1 1 0			
00	/		CEASED NAME FIRST		MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 26 HOUR			
	MANDER	1	Genev	a Sa	mples	DuPont	OF ESTI- DEATH MATED	□ Feb.18 86			
	적은분정별~	3. SE		5 DATE OF BIRTH	6 AGE (IN YEA	RS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE	MONTH DAY YEAR 26 HOUR			
	NA SEST	Fe	male White	May 22	YEAR LAST BIRTHDA 2,1912 73 YR		MIN PRONOUNCED DEAD TO	ebruary18 86 M			
120	32-38	7a. B	RTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	1	9 BALTIMORE CITY	OR COUNTY OF DEATH			
	品品の音楽人	FC	REIGN COUNTRY)	USA		* MARRIED X NEVER MAI		ary's MD			
	ZZ 5 17	10. C	ITY OR TOWN OF DEATH	II. NAME OF HOS	USA WIDOWED DIVORCED St. Mary's						
	*#AEA	110	onardtown	(IF NOT IN SUCH FA	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Mary's Hospital FOR MOST OF WORKING LIFE)						
	DE SOUR		AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	40101						
21201	A SECOND	Ha. S	Md. St.					55020636			
DAE: WD	F25 37	14, F.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAI	MIDDLE	LAST			
	AND S	1	James		Samples	Effi					
IMC	BE SUR	16a, \	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	16b. SOCIAL SECURITY		ADDRES	SS			
STON ST., BAUT	THE SE		No		577-26-6	175A George	T. DuPont	Same as 13e.			
	N N N N		18 CAUSE OF DEATH (Enter o	nly ane couse per line	for (o), (b) find (c).)	0 0	111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	A RESERVE	1	PART I DEATH WAS CAUSI	ATE CAUSE (a)	Huite Ma	yorarkal	dofareko				
	NA PACA				AS A CONSEQUENCE	DF .	1				
2	A A SECTION AND	10	Conditions, if any, which gave rise to immediate		- Parinci		,				
≥	SELT SEL		couse (o) stoting the under		AS A CONSEQUENCE C)F					
201	XECUTED W JG" IN PEN JG EXAMI SAL ON OR		lying couse last.	(c)				and the second s			
DIVISION OF VITAL RECORDS, 201 W.	BE EXECUTE SINDING" IN AEDICAL EXA AS A BURIAL ALTH AND M CREMATION,		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN	PARE 1 (a).				
0	PENDIN FEMDINE FEMEDIC FED AS A I HEALTH	N N									
=======================================	SET OF	7 =	190. DATE OF OPERATION	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?			
ATI.	CERTIFICATE SHOW ITING THE WORD DED TO THE CHIE E 3 SHOULD BE USE DEPARTMENT OF	CERTIFICATION		Constitution of				YES NO			
N Y	WE WE	7 8	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM				
N	SECONE SECOND		UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR						
/ISIC	ERTING TO THE STATE OF THE STAT	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f LOCATION					
á	VRIT VRDE GE 301	3	WHILE NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE			
	PA STA	100					177				
	EXAMINER CERTIFICAT FULD BE FOR DIRECTOR (, WITH THE MARYLAND		22a. I certify that I took char	. —	-			and in my opinion			
	PE BE		death resulted from: Not	urs causes ,	Accident, Sui	ride, Homicide	/ Undetermined monner				
	A STATE OF THE STA		ACTUAL	/		TITLE (SPECIFY)		DATE 3/20/01			
	SEA SE		SIGNATURE	1-2		M.D	MEDICAL EXAMINER	SIGNED 2/20/86			
	AED CAN	1	EXAMINER'S NAME J	ames Boy	d. M.D.	Le	eonardtown, M	d. 20650			
	TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD I TO FUNERAL DIRE AFTER DEATH, WITH	22- 0	URIAL, CREMATION, REMOVAL			ADDRESS	123d LOCATION				
		1 (Burial	2/21/86		etery or CREMATORY ns Cemetery		St. Mary's Md.			
07/84 25M	BP		UNERAL DIRECTOR	2/21/00	lor. 2011		E REC'D. BY REGISTRAR- 256. REC				
	DHMH - 17		NAME Clarke Mat	tingladoress	Leonardt	own Md Fro	07 1000 7	DAN TONE			
	(VR A15 ME (5))	V	· Olaike nat	orreston,	LCOILL CO	71111	8. 9 WAN	A Property of the Party of the			

STATE OF MARYLAND

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THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 049107 REGISTRAR 1. DECEASED NAME 7b HOUR 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) ESTI-JOSEPH ESTEP Hens n DEATH MATED 12 UP 19 86 1552 2d HOUR 4 RACE AGE INYEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 82 1903 DEAD 061086 155% BLACK 02 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED BENEDICT -STATES WIDOWED X ST. MARYS DIVORCED 120. USUAL OCCUPATION STYPE OF WORK 12b. KIND OF BUSINESS CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY RETIRED PAX. RIV, MD NAVAL INUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRES MARYLAND MARYS HUGHESVILLE 14) FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ROBERT 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) OWN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I DEATH WAS CAUSED BY: CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a). Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO T DEPARTMENT O THE C. 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE The series of the remaining lescribed above, held an PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTWORE, MARYLAI Hamicide Undetermined manner TITLE (SPECIFY) RIGNATURE MEDICAL EXAMINER **DHMH - 17** (VR A15 ME (5)) 20M 4/82

0.0 Action of the State of the Control of the State of the St

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR ECEASED NAME 20. DATE KNOWN MONTH THE OR PRINT ESTI-Joseph DEATH MATED 056122 Warren Evans Feb. 181986 4 RACE IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 7d HOUR PRONOUNCED 24,1915 White DEAD feb.18,86 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY U.S.A. St. Mary's Md. WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 129 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION River Naval Air Hospital Painter Retired Patuxent River AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS St. Mary's (20628) Md. Dameron Den. Del. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Forrest Thomas Evans Mary Geneva Emory The WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO IYES NO OR UNKNOWN Yes 213-12-8275 Carolyn Evans Same 13e. as 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY OCARdiAL ENTRETEON IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (g) ED AS A I 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI YES NO [710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME. 21L LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, NPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER BEATH, WITH THE SITE BALTIMORE, MARYLAND, 2" 220 I certify that I took charge of the rempyls described above, held on and in my opinion death resulted fram Natural couses TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Burial 86 Md. Cedar Brooklyn Cemetery 07/84 BP. 25M 24 FUNERAL DIRECTOR TE GATRIAR THE REGISTRAR'S SIGNATURES - PLANTED **DHMH - 17** (VR A15 ME (5)) Clarke Mattingley Leonardtown, Mo

FOR

CERTIFICATION

MEDICAL

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REGISTRAR DECEASED NAME LITYPE OR PRINTI

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

		CERTIFICATE OF DEATH	REG. NO.		
51	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
PSMC	PANCE	CETE	February 21.	1986	10:30PA
	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	CAUCASIAN	JULY 7, 1937	48YRS	MONTHS DATS	HOURS MIN.
	THE CITIZENI OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF COLINI	V OF DEATH	

3 SEX FEMALE In BIRTHPLACE I STATE OF FOREIG MARRIED NEVER MARRIED COUNTRY RHODE ISLAND DIVORCED [WIDOWED Mary's O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR HE NOT IN SUCH EACH ITY GIVE STREET ADDRESS). LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Leonardtown Mary's Hospital HOMEMAKER USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION

13a STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 30 SALAMUA COURT 20653 MARY 1 MARYLAND LEXINGTON PAR 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST

REKRUIT KARIL GOGUN MARIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT SALAMUA COURT 20653 LEXINGTON PARK, MARYLAND NO

PART I DEATH WAS CAUSED	y one couse per line for (a), (b), and (c) BY: CAUSE (a) Cardise Arrival	APPROXIMATE INTERVI BETWEEN ONSET AND DE
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF BURNEY & Medical	is 8mos.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER P.M.

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC | CITY OR TOWN COUNTY STREET NOT WHILE

86 220 1 certify that (1) (this hospital) attended the deceased from 2-19 2-21-86 sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED

MEDICAL ATTENDING STAFF 2 - 21 - 86PHYSICIAN X DIRECTOR PHYSICIAN

22e ADDRESS

Leonardtown, Maryland 20650 Susanne S. Ashton, M.D.

230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)

CHARLES, MARYLAND CREMATION 2-23-86 HUNTT CREMATORY WALDORF, 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ADDRESS. EDWARD N. BRINSFIELD.IR LEONARDTOWN.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNER Should be divited by with the Sta		JAMES CARRO	LI BOYD, M.D.		27e ADDRESS 17 Jeffer	rson Stree			
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STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
HUNTT FUN FUNERAL HOME, INC. WALDORF. 730 DATE REC'D BY REGISTRAR 736 REGISTRAR SEIGNATURE

Charles

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St. Mary's 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Point Blackistone Rd. MIDDLE Quade ADDRESS 577-60-3689 Ethel M. Goode, Same as 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YOCARDIAL TNIANTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART \$100 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 2-13-Ke Leonardtown, Md. 20650 230 BURIAL CREMATION REMOVAL 235 DATE 23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery Bushwood, St. Mary's, Md. Burial 250 DATE RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE W. Clarke Mattingley, Lechardtown, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND
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ie	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	9 BALTIMORE CITY OR		
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10	Leonard turn UAL RESIDENCE (IF NURSING HOME OF		's Hospital	Housewife		
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14	FATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN	NAME	LAST	
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	V	you has	PHISICIAL	DIRECTOR PHYSICIA	MD //	1/46
	228 PHYSICIAN'S NAME	States 1	27e ADDRESS			
L	J. Partic	k Jarboe, M.	D. Leonard	town, Md. 2065	60	- defail
230	BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	COUNTY	57495
	Burial	2/24/86	St. Luke's Cem	St. Georg	ge Island, S	St. Mar
24	FUNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 25		

W. Clarke Mattingley, Leonardtown, Md.

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	STATE OF MARYLA
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AND MENTAL HYGIENE

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Degrantown, 18. 20050

ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEASED NAME O. DATE KNOWN"DE (TYPE OR PRINT) 1986 Lemmie DEATH MATED Feb. 19 Harris 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE PRONOUNCED Feb.19 1086 Jan. 12, 1940 Black 46 Male DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA St. Mary's S.C. WIDOWED [DIVORCED D. CITY OR TOWN OF DEATH 11. NAMÉ OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Patuxent River Naval Hospital Forman Road Construction Park SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 130 STREET ADDRESS BOX 64 130 STATE 13c CITY OR TOWN St. Mary's Md. Lexington Park | NO [X] (20653)4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hewlett LeRoy Harris Bernice 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATEST Evelyn Harris, Same 13e. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OF AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO DRWARDED TO THE OR PAGE 3 SHOULD REES TATE DEPARTMENT D. 21201 PRIOR TO BUILD 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram: Natural coasts Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER XAMINER'S NAM Jame's Boyd, M.D. Leonardtown, Md. 20650 TYPE OR PRIND ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Burial 2/24/86 First Baptist Cem. Lexington Park, St. Mary' 07/84 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Clarke Mattingley, Leonardtown, Md

STATE OF MARYLAND

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	FOR			DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENEO Z	0		0 0
1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	U.	0 1	20
	CEASED NAME	FIRST	,	WIDDLE		AST	20 DATE OF DEATH	н1иом	DAY YEAR	26 HOUR
,,,,,	. OA PRINTI	RIC	HARD		HE:	BB	Februar	y 4,	1986	2:30P _M
3 SE	х		RACE		5. DATE C		6 AGE (IN YEARS LAST BI	(YACHTS	IF UNDER I YEAR	IF UNDER 24 HRS
Me	ale		Blac	k	Apri	11 10,1900	85	YRS.	MONINS: DATS	MOURS MIN.
	IRTHPLACE (STATE OR FO	OREIGN	b CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIEDX	9 BALTIMORE CITY			
	Md.		USA		WIDOWE		St. M	ary's	s Coun	ty MD.
	ITY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	17g USUAL OCCUPAT			OF BUSINESS OR
	AL RESIDENCE (IF NURSI		St	-		spital	Farming			
110. 3		136 COUN		Morgan	14	134 INSIDE CITY LIMITS?	130 STREET ADDRESS Gen. De	-	2	0660
AL FA	ATHER'S NAME			1 25911		15 MOTHER'S MAIDEN NAM	ME			
XI		Do	rsey	LAST			Matilda		tler "	ST .
	VAS DECEASED EVER I		WAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		Fall L	2.6.2
	No					Joseph Will	liam Youn	g, Mor		
	18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	BY.	line for 1a , (b , and	dic	to lea	and t		BETWEEN	ONSET AND DEATH
	1	IMMEDIATE	CAUSE (a)	respe	200	000	ceri		126	
	Canditians, if any,	which	DUE TO, OI	R AS A CONVENUE	NCE OF	I failen				
	gave rise to imm	ediote	10)_	2.16.1.601.65.01.6	NICE OF	0				
	underlying cause	last	(6)	r as a conseque	NCE OF					
	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 1	a
O.										
CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED
RTIF							YES NO	YE	s 🗀	NO 🗆
	21a. ACCIDENT WAS UNDE	-	HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.,		19					
MED	216 INJURY OCCURR WHILE OF NOT WHI AT WORK AT WOR	IE (21e PLACE (OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a I certify that (1)	(this hospite	al) attended the	e deceased from_	8	3-66,19	to 2-1-	74	19	that (I) (we) last
	sow the decease above, (1) (we) (d	d alive on a	view the body	after death	, an	d that in (my) (aur) apinion o	death accurred an the d	ate and hou	and from the	causes stated
	226 SIGNATUR	M	1	-/-		DEGREE	V	1967	220 DATE	
		1/	my	Dro-	- (ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	2-	5-PC.
	22d. PHYSICIAN'S NA			MD		27e ADDRESS	onardtown	Md	. 2065	0
	Willia							, 110		
	BURIAL, CREMATION, F	REMOVAL	23b. DATE			EMETERY OR CREMATORY	Gins. Leon	and+	TOBUNIA C+	Ma HAIF La
BI	urial		2/8/8	o Ch	ar.re	s Memorial	amis. reon	arucc	JAIL OF	· Mary S

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: # He

the burial-transit permit Then p and Mental Hygiene prior to bur Hern 18 sh

> 24 FUNERAL DIRECTOR W. Clarke Mattingley, Leonardtown, Md

Charles Memorial Gdns. Leonardtown, St. Mary's 23c NAME OF CEMETERY OR CREMATORY

250. DATE REC D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Md.

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior ta bi

DIVISION OF VITAL RECORDS,

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

1 DEC	OR PRINT)											
		ORDON		NTHROP		PPLE	February		1986		3:	LAM
3 SEX		4 F	RACE		5. DATE (6 AGE (IN YEARS LAST BIR	RTHDAY)	MONTHS	DAYS	HOURS	24 HRS MIN.
	Male		White			- 01°^- 1906	79	YRS				
	RTHPLACE (STATE OR FO	DREIGN 7b		WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		
-	aryland	mirk	USA		WIDOW	Table 1		y's (ME
	Leonardtow			HOSPITAL, NURSING HEACHLITY, GIVE STREET, Mary 8 I	ADDRESSI	or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Merchant		LIFE) IND	KIND O USTRY Lote	F BUSINI	SS OR
13a.5		on HOME OR OTH 13b, COUNTY Calver			ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS Box 331,	/ ZIP CO	DE 88			
9	John	A .		Hippl		IS. MOTHER'S MAIDEN NA Louise				han	ey	
	VAS DECEASED EVER II			166 SOCIAL SECU		17 INFORMANT	ADDR	ESS				
F 10	ES NOOR UNKNOWN)	N A	AR OR DATES)	577-26-3	554	Eleanor M. H	ipple S	SAME A	AS 1	3a-1	3e	
		IMMEDIATE C		RAS A CONSEQUE		J Heren	a De	20	7			
MION	Conditions, if any, gave rise to immicause (0), stating underlying couse	which ediate the last	DUE TO, O (b) DUE TO, O (c) NDITIONS CO	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	6					
TIFICATION	Conditions, if any, gave rise to immediate (a), stating underlying cause PART 2 OTHER SIGN	which ediate the last	DUE TO, O (b) DUE TO, O (c) NDITIONS CO	R AS A CONSEQUE	ENCE OF		AINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b IF Y	ES, WERE	FINDIN	IGS USE) H?
CAL CERTIFICATION	Conditions, if any, gave rise to immicause (0), stating underlying couse	which ediate as the last.	DUE TO, O (b) DUE TO, O (c) DUITIONS CO 19b. COND 21b. TIME O HOUR A.	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO TO THE STATE OF THE S	ENCE OF DEATH BUT OPERATIO	Failur	200 AUTOPSY? YES NO	20b IF Y	ES, WERE	FINDIN	GS USE) H?
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

Item 18 shows

IMPORTANT. If Item 21 is

24 FUNERAL DIRECTOR Donald Borgwardt

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FEB 14 1986

Port Republic.

TO DESCRIPTION OF THE STATE STATES TO 1985 3:124 t 10 1 See let de semerous fationel a tent. de mothemes a lagis , in the second of the .i. Blan, Lati. _______ Deom is force; Tal. 20mg/

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE 052193 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 1986 SALLY MYERS JOHNSON February 7. 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH FEMALE APRIL 1921 To BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED TENNESSEE St. Mary's WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE LAW JUDGE Leonardtown St. Mary's Hospital NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS BOUAL RESIDENCE () 136 COUNTY 13e.STREET ADDRESS / ZIP CODE MARYLAND MARY'S HOLLYWOOD RT. #3, BOX 523 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST VICTOR **MYERS** MARY RTADD#3, BOX 523 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) J. ALLEN JOHNSON, HOLLYWOOD, MARYLAND 20636 414-18-6527 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Carcinous DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) 226. SIGNATURE DEGREE

ATTENDING

PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

> Leonardtown, Md. 20650 N. Shah. M.D.

23g BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY BURIAL 2/13/86 CHRISTIAN CHAPEL

LEACH. CARROLL. 250 DATE REC'D. BY REGISTRAR 156. REGISTRAR'S SIGNATURE

MEDICAL STAFF

YES |

COUNTY

2-18-86

25 HOUR

126 KIND OF BUSINESS OR

FEDERAL GOV'T

20636

BETWEEN ONSET AND DEATH

LAST

CURTIS

IF UNDER 1 YEAR

INDUSTRY

7:40 PM

IF LINDER 24 HR

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MEDICAL

24 FUNERAL DIRECTOR

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062065		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH To MIDDLE LAST La								
o m = .0		CEASED NAME FIRST		WIDDLE	LAST	20 DATI	OF DEATH MONTH	DAY YEAR	26 HOUR		
oy be	3. SE		OSEPH 4 RACE	SAMUEL	JOHNSTON 15. DATE OF BIRTH		bruary 24	1986	6:22P M		
offer g		ale	Whit		MONTH DAY YE			MONTHS DATS	HOURS MIN		
direct	Žo BI	RTHPLACE ASSAULT OR FOREIGN		F WHAT COUNTRY?	May 31,1912		73 YRS				
nerol on 72 h	N	ew Jersey		SA	MARRIED NEVER MARRI	ED '	St. Mary's		MD.		
1 1 3/		TY OR TOWN OF DEATH		F HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTE	ON 12e USU	AL OCCUPATION	126. KIND (OF BUSINESS OR		
7 11 1/4	2	Leonardtown	S	t. Mary's	Hospital			11.000111	2/-		
22	13a. S		Me or other institution to the county of the county of the county of the country	13c. CITY OR TOV	VN 134 INSIDE CITY LIA	MITS? 13e STRE	ET ADDRESS / ZIP CO	DE Trailer	0453		
Tagel	4	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIL	DENNAME	WIDDLE	LA	ST		
omplete	_	William	F.	Johns-				McCrack			
ond cooperation	160. V	VAS DECEASED EVER IN U.S. YES, NOOR UNKNOWN) YES	S. ARMED FORCES? S. GIVE WAR OR DATES!						/ Lynn D		
s. p		Yes		577-05	-2739 Carol J	lones, Le	exington 1		Id. 20653		
© PHYSICIAN. The low requires that the death certificate strending physicion. In this certificate has been signed by the attending physici the buriol-transit permit. Then please remove carbon paper and Mental Hygiene prior to buriol, cremotion, or removal, ked or item 18 shows any injury, or other traumatic event, the	MEDICAL CERTIFICATION	Conditions, if any, whice gove rise to immediate couse to storing the underlying couse lass. PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING NOT CURRED WALLE NOT WHILE NOT WHILE	DIATE CAUSE 10) DUE TO, the thing to the tent of the	OR AS A CONSEQUENCE OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION	YES [DU COPSY? 20b. IF	GIVEN IN PART 1: PES, WERE FINDI TIFYING CAUSE: YES B PART LOR PART 2) COUNTY			
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ATTEND spitol o CCTOR J		saw the deceased aliv above, (1) (we) (did) (di	eon	ly after death.	, and that in (my) (our)		urred on the date and h				
OR he ho		226 SIGNATURE	2/	an a	DEGREE ATTENI	DING MEDIC	AL STAFF OR PHYSICIAN	22c. DATE	SIGNED		
- 0 III 0 S	100	224 PHYSICIAN'S NAME	TYPE OR PRINT)		220 ADDRESS						
TO HOSPITAL efound by 1 TO FUNERAL should be de with the Stott		N. Sh	ah, M.D.			dtown, M		ATTEC S			
BP	23o. E	URIAL, CREMATION, REMO Burial	23b. DATE 2/27		name of CEMETERY OR CREMA heltenham V.A	1 0 -	Cheltenha	m, P.G.	. Md.		
DHMH - 16 60M 7/B4 (VRA 15, 4)		w. "Clarke N	Mattingl	ey, Leo	nardtown,Md.	250 DATE REC'D. I	1086 Julia				

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٥.	NECESSARY, PIEASE FUNERAL DIRECTOR. 5. FOR YOUR FILES. (MITHIN Z HOURS MERITON STREET,	MA		WHITE	SI	EPT. 1	5,19	950 3	5 YRS.	MONTHS	DAYS	HOURS	MIN	PRONOU! DEAD					11 P.
	E SE	FO	REIGN COUNTRY)		7b.	CITIZEN OF					X NEV	ER MARR	-			Y OR COU	NTY OF D	EATH	
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	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNEAU DIREC AFTER DEATH, WITH BALLMORE, MARYL		(TYPE OR PRI	4T) ¥V.		MD.	ROAT							ON SI	., L	EONAR	DTOWN	I, M)
			JRIAL, CREMA BURIAL	ION, REMOV	1/0	/20/86		23c. NAME	FACE	RY OR CR	REMATO	RY	CITY	CATION ORTOWN	TIC	CT CO	UNITY MADVI	C N	ATE ATE
07/84 25M	BP		INERAL DIREC	TOR				HOLI	FACE		2	50. DATE	GRE REC'D. BY		LLS,	ST. I	SIGNATU	JRE JRE	ш.
	DHMH - 17 (VR A15 ME (5))	EDV	VARD N.	BRINS	FIELI	o, JR.	, LF	EONARD	TOWN,	MD.	FF	B 2	4 198	16: L.	S. Ka	Marsh.	Mandel	2	

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STATE OF MARYLAND

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Elm	USU.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	136. CITY OR TO		13d INSIDE CIT	TY LIMITS?	13e STREET ADDRESS / Z	IP CODE	Lusb	y, Md.	
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36		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMAN	P.O.	384-Lake Dri	re Li	usby,	Md.	
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ou a	CERTIFICATION	MONTAR OF OF STATION	196 COND	ITION FOR WHI	CH OPERATION	WAS PERFOR	RMED	20a AUTOPSY? 2	Ob. IF YES, WE	RE FINDING CAUSES	GS USED OF DEATH?	
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8 2		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			DAY YEAR	21¢ HOW INJ	URY OCCURE	RED (ENTER NATURE OF INJURY H	HITEM 18 PART I	OR PART 2)		
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121		saw the deceased plive a abave, (1) (we) (did) (did)	nat view the body	ofter death.	and and	d that in (my) (aur) opinion	death accurred on the date	and hour and	d fram the	couses stated	
Her		226 SIGNATURE	//		C	EGREE				220 DATE	SIGNED	
T. I		£	1			P	HYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAL	NO	3/4	186	
TAN		22d PHYSICIAN'S NAME (TYPE	DEPRINT)			22e ADDRESS						
MAPORTAN		James/	C. Boy	rd, M.D		Leon	ardto	wn, Marylar	ıd			
3		URIAL, CREMATION, REMOVA	L 23b. DATE	23	C. NAME OF CE	METERY OR C	REMATORY	23d LOCATION		VIALLY.	51475	
		remation	Feb. 12	2,1986 V	Vestvier	Mem.P	k.Cem.		Bal		Md.	
M 7/84	24 5	INERAL DIRECTOR	3	SID F	rederiel	< Ave	250. DTA	EBC1 4RE1986 25	REGISTRAN	SIGNAT	ONE	
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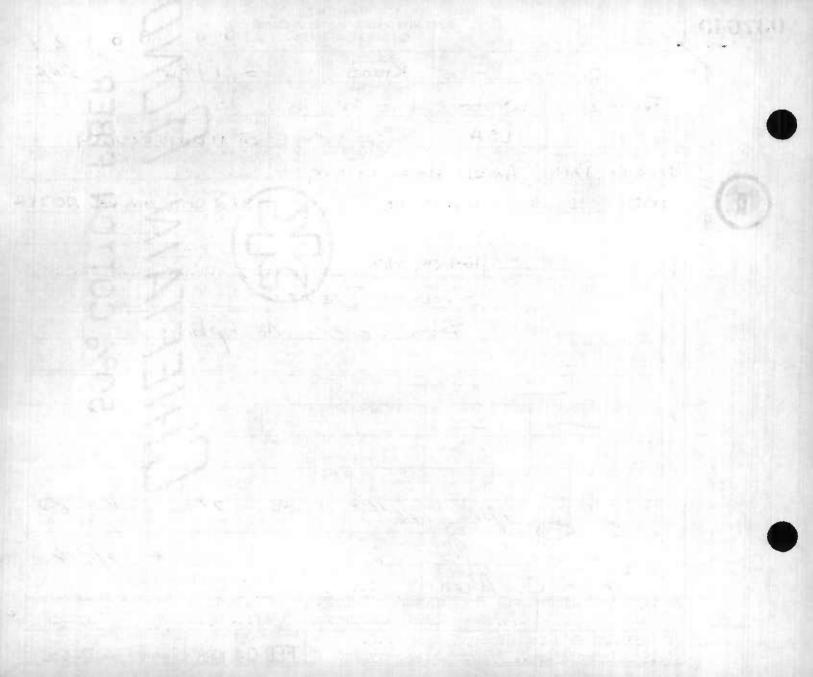
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4739 Baltimore Ave., Hyattsville, Maryland

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND 058013 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME In DATE OF DEATH MONTH (TYPE OR PRINT) HENRY KELLY LONG February 23,1986 8:30 1.5EX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) June 26, 1901 Male White MIRTHPLACE MATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. WIDOWEDE T DIVORCED s+ Mary's ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17g USUAL OCCUPATION 17h KIND OF BUSINESS OR LANE OF SENTEMENDOS EN ACOMINA THE INDUSTRY Lexington Park Naval Hospital Pax. River Farmer Self 13e STREET ADDRESS / ZIP CODE Maryland St Mary' s Leonardtown Rt2, Box 162 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bailey Alice Joseph Long A. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT LIE YES GIVE WAR OR DATEST 579-16-2824 Joseph A. Long, 111 Same as 13e. APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardeas arrest DUE TO, OR AS A CONSEQUENCE OF usulluciones = Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Orfero scleroris PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

> 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE FARM ETC.)

211 LOCATION

CITY OF TOWN

NOF

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

COUNTY

nd that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING .. MEDICAL

Morganza, St

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

2-24-86

17b SIGNATUR

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

NOT WHILE

saw the deceased alive an.

22d. PHYSICIAN'S NAME LITYPE OR PRINT

Burial

John F. Fenwick M. D.

22a I certify that (I) (this hospital) attended the deceased from_

Leonardtown, Maryland 23c. NAME OF CEMETERY OR CREMATORY St Joseph

DEGREE

COUNTY

24 FUNERAL DIRECTOR

W.Clarke Mattingley Leonardtown, Maryland FEB

Feb.26,1986

1986 Julia Davidson-Mandalle

DHMH - 16 60M 7/84 (VRA 15, 4)

055154

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTI February 12, 1986 3:00A LEONARD WADE MARTIN 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR Sept. 13, 1985 White Male TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED St. Mary's County Maryland USA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! Hospital Leonardtown 13 HOY NOOD 30 STATE 136 COUNTY 13 STREET ADDRESS / ZIP CODE 289 20631 Marvland St Mary's XXXXXXXXXX 4 FATHER'S NAME Marvin Martin Debbie Lou Stauffer 16h SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR HINKHOWN) LIF YES GIVE WAR OR DATEST Father None same as above APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSED BY at Junonity due Failure Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE STREET AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death DEGREE 22c DATE SIGNED

226. SIGNIATURE

ATTENDING 22e ADDRESS

Leonardtown, Md. 20650

M. Lafeer, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

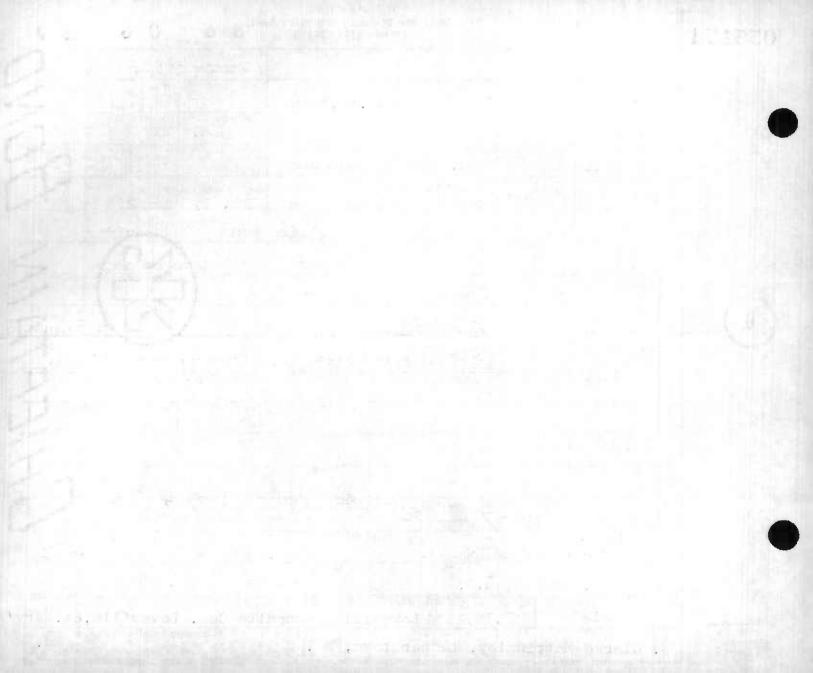
Burial

Feb. 15, 1986 Loveville Mennonite Cem. W. Clarke Mattingley, Leghardtown, Md.

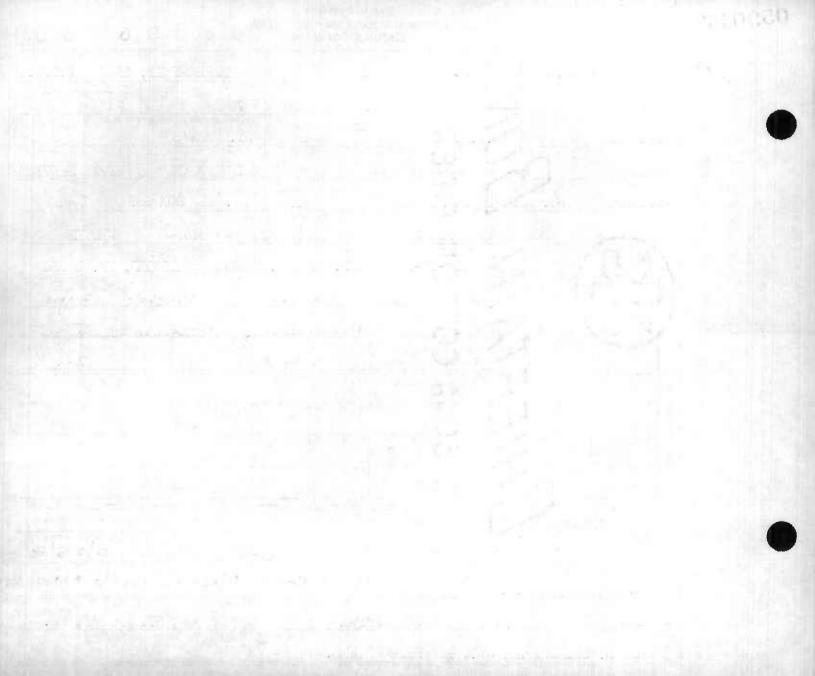
Loveville, St. Mary's

DHMH - 16 60M 7/84 (VRA 15, 4)

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40017	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 6 NO. 0	6 1 3 0
11/		CEASED NAME FIRST	MIDDLE	[AST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
be of the	TAPE	JOSEPH JOSEPH	HOWARD	NEILL	FEBRUARY 21, 3	1986 8:15p.m
r. po	3 SE.		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
urs of or		MALE	WHITE	NOV. 25, 1906	79 YRS	
20 P.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	BALTIMORE CITY OR COUNTY O	FDEATH
deod deod		ARYLAND TY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED NO HOME OR OTHER INSTITUTION	ST. MARY'S	126 KIND OF BUSINESS OR
s offer	PH	OLLYWOOD	RT. #1, TIPPET	T ROAD	(TYPE OF WORK FOR MOST OF WORKING LIFE) MAINTENANCE	INDUSTRY CIVIL SERVICE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the death certificate be executed within 24 haurs of entending physician and completely fitter this certificate has been signed by the attending physician and completely fitter this certificate has been signed by the ottending physician and completely fitter this certificate has been signed by the ottending physician and completely fitter that and Amenial Hygiene prior to burial, cremation, or remaked.	M	ARYLAND ST.	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOV MARY S HOLLYWO	OD YES NO X	13e STREET ADDRESS / ZIP CODE RT. #1, BOX 589	20636
within within	14 FA	THER'S NAME	MIDDLE EAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
AM .	1		IOWARD NEILI		JANE	WROTEN
AORE ond ond oges	No	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECULAR SECULA		BOX 589	MD 20676
ALTIA e be cron ers. P I.	14				NEILL, HOLLYWOOD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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deat deat deat ove c fron,		Conditions, if any, which	(b) Chron		in Disease	Sim
V. PR		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	ENCE OF	0	0
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ps, z	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 10
been mit. I prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, N	WERE FINDINGS USED
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NG PHY other this os the but the and M orked or	MED	216 INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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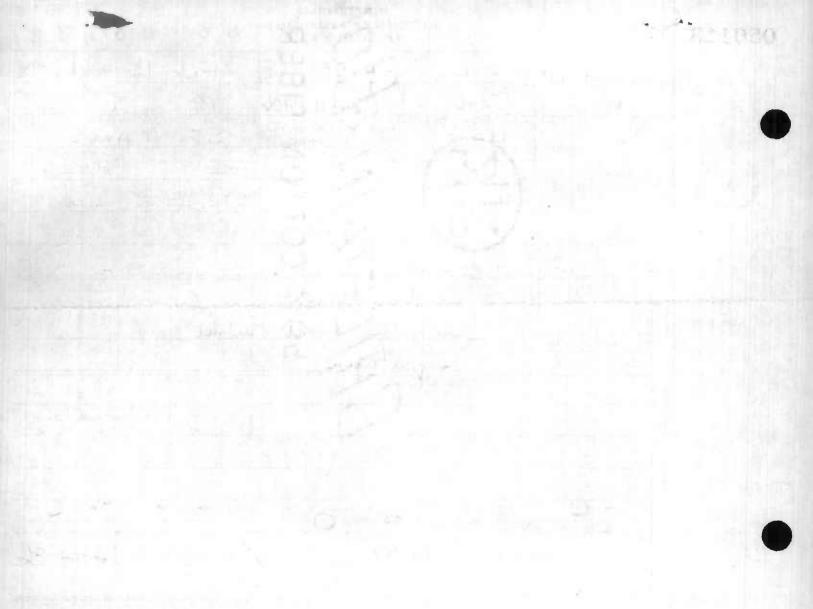
STATE OF MARYLAND

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or re	1		IMMEDIATE	DUE TO, OI	R AS-A CONSEQU	JENCE OF	0.0	1	,		71		
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to page 3 after death		LAUYIN		PAYNE	1-2h. 12	, 1100 W
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1 22 /2	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d INSIDE CITY LIMITS?	13a STREET ADDRESS / ZIP CODE	C'ATAN TIME
		4	Mary's Mechanic	CSVILLE YES XX NO [Rt # 3, Box 266	20659
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D D D	160 \	VAS DECEASED EVER IN US AR	2074 3 IEST 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
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the rema		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		
that d by lease al, cr		underlying cause last.	10 100	aultisin		
gne gne buri fy, o	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
The standard	CERTIFICATION					
law re	O.	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
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TENDI Ital ar OR. A or use f Heal		220 1 certify that (1) this hospi	tal) attended the deceased from	19		19_86_ tho (1) we) lost
F & F + 0 C		sow the deceased alive on above (1) we) (did (did no	t view the body after death.	85, and that in (my) (our) apinior	n death accurred on the date and hou	ond from the couses stated
OR or he		276 SIGNATURE	1121	DEGREE ATTENDING		220 DATE SIGNED
			find June	PHYSICIAN	DIRECTOR PHYSICIAN	13-13-86
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TO HOSPITAL retained by to TO FUNERAL should be det with the Stote		Henry L. Burk	te MD			
7 6 1 0 7		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR LOWING	COUNTY MA STATE
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(VRA 15, 4)	6	633 Old Alexand	er Ferry Road C	linton, Md 2073EEE	3 1 4 1986 Sula da	Market Market Market



(VRA 15, 4)

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FOR

REGISTRAR

Male

CITY OR TOWN OF DEATH

Leonardtown USUAL RESIDENCE (18

Joseph

Canditians, if ony, which gove rise to immediate couse (a), stoting the

underlying cause lost

198 DATE OF OPERATION

TO BIRTHPLACE ISTATE OF FOREIGN

JOSEPH

136 COUNTY

St. Mary'

Eli iah

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE

4 RACE

White

AUSTIN

Th CITIZEN OF WHAT COUNTRY

S

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Abel1

St. Mary's Hospita

Pingleton

215-14-7401

130 CITY OR TOWN

DECEASED NAME

- STATE

(TYPE OR PRINT)

COUNTRY) Virginia

Md.

FATHER'S NAME

No

IFICATION

MEDICAL

3 SEX

STATE OF MARYLAND

LAST

PINGLETON

18,1909

113d. INSIDE CITY LIMITS?

NOKK

15. MOTHER'S MAIDEN NAME

Elizabeth

MARRIED NEVER MARRIED

17 INFORMANT

5. DATE OF BIRTH

June

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	8	RE 6	NO.	0	6	1 3
ATE	OF	DEATH	MONTH	DAY	YEAR	26 HOUR

St. Mary's County

IF UNDER LYFAR

Clark

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É	UNERAL DIRECTOR. After this certificate has been signed by the attending physical and a continue.	che	the State Dept of Health and Mental Hygiene prior to burial, cremotian, ar removal	DIANT: If how 2] is morehad as form to consider from the front of the form of
	110	etoc	le D	99
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3	5	of p	Pe-	DT

BP_ DHMH - 16 60M 7/1 (VRA 15, 4)

AP OF	John F. Fent	wick, M.I
5 3 4	230 BURIAL, CREMATION, REMOVAL BURIAL	236 DATE 2/22/8
4044 7 /04	24 FUNERAL DIRECTOR	

226. SIGNATURE

sow the deceased alive on.

224. PHYSICIAN'S NAME (TYPE OR PRINT)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) YEAR 211 LOCATION CITY OR TOWN COUNTY 270.1 certify that (1) (this hospital) attended the deceased fram d that in (my) (aur) opinion death accurred on the date and hour and fram the causes stated obove, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 2.21,86 22e ADDRESS Leonardtown, Md. 20650 23c NAME OF CEMETERY OR CREMATORY St. Mary's Md. Sacred Heart Cem. Bushwood 250 DATE REC'D. BY REGISTRAN 258 REOISTRAN'S SIGNATURE

Cercline Thumburgies DUE TO, OR AS A CONSEQUENCE OF Certeries cleros

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

2a D

February 19.

6 AGE TIN YEARS LAST BIRTHDAY

13e STREET ADDRESS / ZIP CODE

MIDDLE

Ann

Julia Helen Pingleton.

General Delivery

ADDRESS

BALTIMORE CITY OR COUNTY OF DEATH

TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY State Roads of Md.

21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC | NOT WHILE

W. "Clarke Mattingley, Leonardtown, Md. FEB

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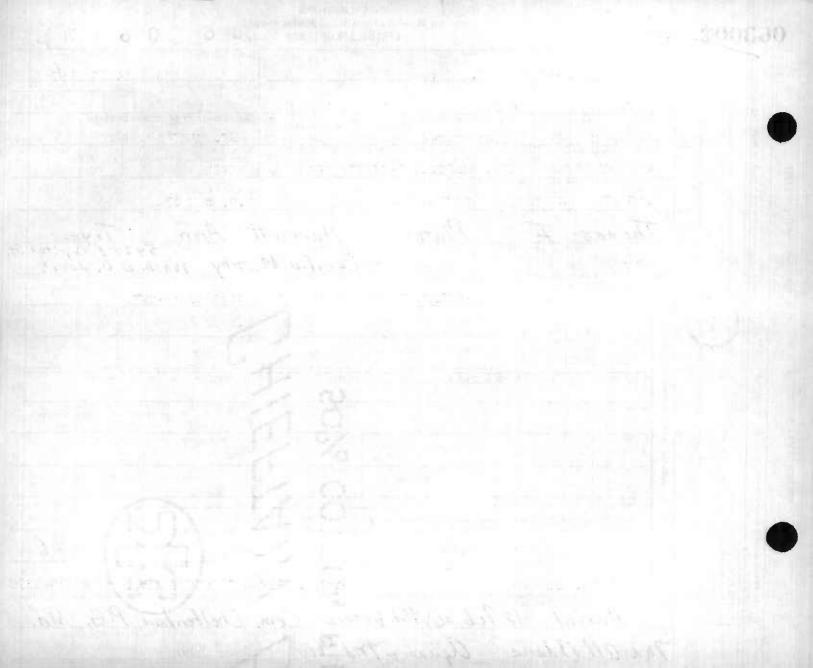
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(VRA 15, 4)



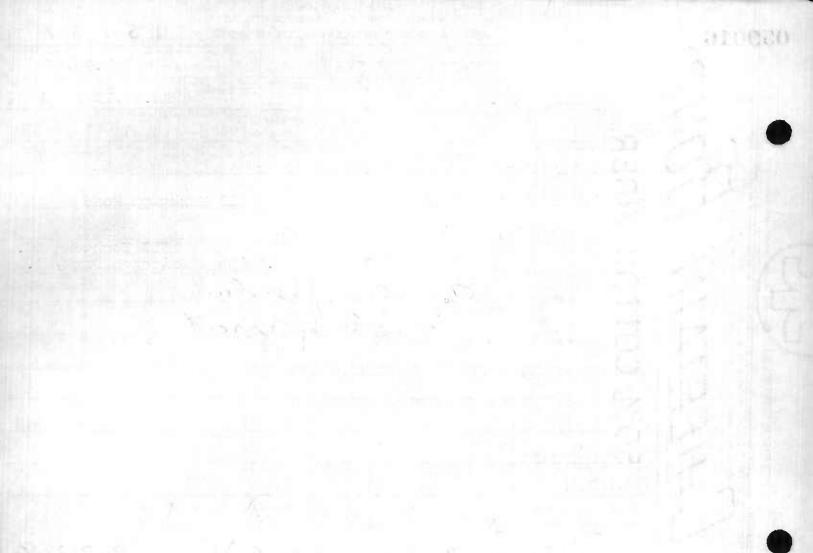
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME OF ESTI-Orville DEATH MATED Rice Wilbur 2-19 1986 4 RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR 20. DATE LAST BIRTHDAY) 7:12 a. M PRONOUNCED March 10,1921 White 64RS Male DEAD 1986 TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Md. USA St. Mary's County, DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Lexington Park Patuxent Naval Hospital JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30 STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. St. Mary's Lexington Parks Box 37 Lot #9(20653 NO X Rt. 4. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME S WITH FORM PIN MIT. PAGES 1 AND IE, DIVISION OF IT MIDDLE MIDDLE Harry Rice Viola Austin 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) No 217-38-0328 Donnie D. Johnson Same as 13e TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS SECURED WITHIN 24 HOURS SECURED WITHIN 24 HOURS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITO FUNGEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Organic Brain Syndrome IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION INE DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED! 20. AUTOPSY? YES XX NO [71s EXTERNAL CAUSE WAS 71E TIME OF INJURY THE HOW INJURY OCCURRED INVITED MATURE OF INJURY IN 1824 IT FART I OR FART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HE PLACE OF INJURY (ATHOME III. LOCATION STREET, FACTORY, FARM, ETC.) TIPES! CITY OR TOWN COUNTY STATE WHILE AT WORK 72s. I certify that I took charge of the remo Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2-19-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Mechanicsville, St. Mary's Buria 2/22/86 Bethel Cemetery BP 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Md. **DHMH - 17** W. Clarke Mattingley, Leonardtown, Md. (VR A15 ME (5))

STATE OF MARYLAND

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059016	N-	FOR STATE REGISTRAR		M	EDICAL EXA	MINER'S	ERTIFICATE	OF DEATON	.0	6 1 3	7
703016		CEASED NAME TORMINI)	MARK	ERN	MIDDLE	SMIT	LAST	20. DA	E ECTI	MONTH DAY YEAR Feb. 20, 8	
RECTOR	1 SE		RACE White	S. DATE OF BIRT	H 6. AG	E (IN YEARS IF UN	IDER 1 YR. IF UNDE	R 24 HRS. 2c. D	ATE	MONTH DAY YEAR 20,1986,9	1
CESSAR NERAL D FOR YOU VITHIN 7	FC B	RTHPLACE (STA REIGN COUNTRY) aryland	TE OR		WHAT COUNTRY?	10	ED NEVER MAR	RIED X 9 BAI	TIMORE CITY OR	COUNTY OF DEATH	402,
	D. C	TY OR TOWN O	F DEATH	11. NAME OF HE	OSPITAL, NURSING	HOME, OR OTH	ER INSTITUTION	12a USUAL OC	St Mary	F WORK 12b KIND OF B OR INDUS	
1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	13a S	AL RESIDENCE (# TATE arvlane	136 COUNT	OTHER INSTITUTION,	13c. CITY OR TO	ADMISSION)	ent Rive	13e STREET AD	odress Yorktow	n Road	65
KE, MD.		Leo	Theod	WIDGLE	Smith	COII TS	15 MOTHER'S MAIL FIRST Emma		MIDDLE	Wendel	
ALTIMO AFTER D SIVE PAGINE PAG	lóa N	ES, NO, OR UNKNOW	EVER IN U.S. ARM N) {IF YES, GIVE W	ED FORCES? AR OR DATES)	166. SOCIAL SE 220 34		Emma W.	Smith		Yorktown ton Park,	
ORDS, 201 W. PRESTON ST E EXECUTED WITHIN 24 HO BING". IN PENCIL IN TEM. DICAL EXAMINER ALONG DICAL EXAMINER ALONG HAND MENTAL HYGHENE EMATION, OR REMOVAL.	z	Canditians gave rise cause (a) s lying cause	TH WAS CAUSED IMMEDIATE , if any, which ta immediate tating the <u>under-</u> elast.	BY: CAUSE (a) DUE TO, (c) (b) DUE TO, (c)	OR AS A CONSEQUI	ENCE OF	E DR CONDITION GIVEN IN P	reles PART I (a)	<i>t</i>	BETWEEN ONS	ET AND DEAT
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CERTIFICATE SH TING THE WOR BE TO THE WOR 3 SHOULD BE OF PRICE TO BUILD PRICE TO BUILD	MEDICAL CER	21d. INJURY OC	OR G CAUSE OF DI	HOUR A	OF INJURY .M. MONTH DAY .M. E OF INJURY (AT H ACTORY, FARM, ETC.)	YEAR 19 OME, 21f. LO	OW INJURY OCCURE		OF INJURY IN ITEM 18 PA	RT I OR PART 2) COUNTY	STATE
TO MEDICAL EXAMINER, THIS CENCULTS THE CRETIFICATE, WILL PAGE 4 SHOULD BE FORWARD TO FUNBALD INSECTIOR, PAGE 4 SHOULD BE MARYLAND, 21201 BALLIMORE, MARYLAND, 21201		220. I certify death resulted ACTUAL SONATURE	I fram: Naturo	of the remains of a causes	described abave, hel Accident, Boyd 11	d an Autap Suicide	sy , Inspection, Hamicide , TITLE (SPECIFY) D. 2 24- ADDRESS LEO	Undetermine	uiry and and d manner XAMINER Wn, Mary]	DATE SIGNED 2-2	
07/wa BP	24 F	Bur i	al F	eb.25,	1986 Tri	nity M	emorial	Walde REC'D. BY REGIS	orf,Char	COUNTY PLES MARY RAR'S SIGNATURE	Land

STATE OF MARYLAND



Same PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED DIRECTOR PHYSICIAN William D. Boyd, II Leonardtown, Md. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY [SPECIFY] St Pauls Lutheran Opegoon Burial Virginia 24 FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

12h KIND OF BUSINESS OR

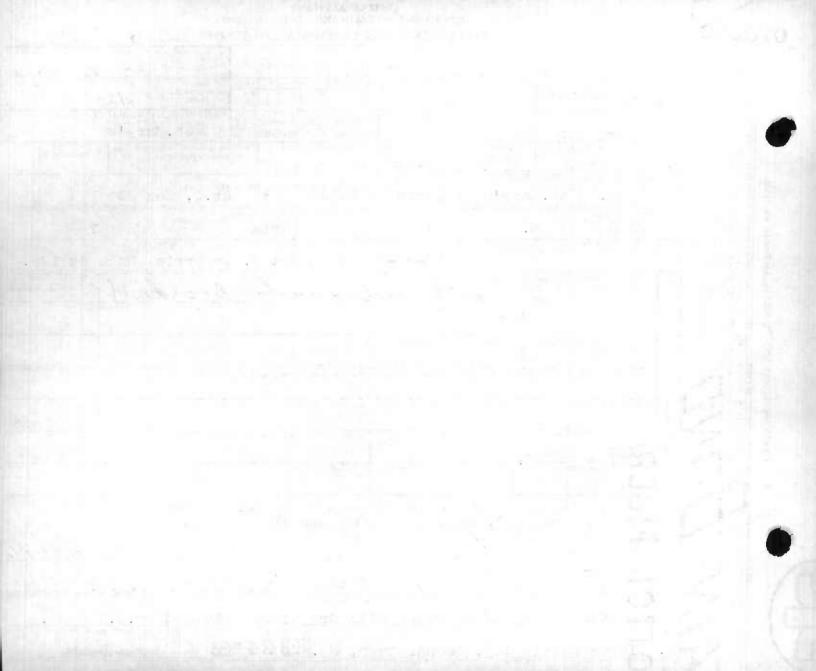
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	3. SEX		4. RACE	5. DATE OF	BIRTH		6. AGE (IN YEARS	IF UND		IF UNDER	R 24 HRS.	2c. DA	TE E	- 4	INTH D		86153a
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		18 CAUSE O	F DEATH (Enter or	nly one cause i	per line fo	or (a). (le)	and (c)	-			1	94		n		APPROX	MATE INTERVAL
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			is, if any, which														
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		lying cau	se last.	(c)													
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		ACTUAL	/	11	1	-		44.5	,	rccirt)	1450	DICAL EN	4445155	D	ATE	2/	19/21
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	-		- Place	=11710	2 9 -	2001	THE TOWN	119	777			-	The street	-			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 045140 REGISTRAR DECEASED NAME O DATE KNOWN IN MONTH TYPE OR PRINTI KATHRYN EMM A WAGNER DEATH MATED 2 10 86 10 4. RACE SEX 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 7d HOUR 24 DATE LAST BIRTHDAY) PRONOUNCED Female Aug. 15, 1939 White 47 yes DEAD 10 86 18P M Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY Ohio USA St. Mary's County DIVORCED CITY OR TOWN OF DEATH 126 USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Patuxent River Hospital Lexington Pk. Secretary U.S. Navv 13d INSIDE CITY LIMITS? 130 STREET ADDRESS BOX 222 In STATMaryland CSt Catalina Dr. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Edward Hannabaum Eun i ce Hamilton WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO YES, NO. OR UNKNOWN LIE VES CIVE WAR OR DATES Joseph T. Wagner same as 293 34 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of abdomen (handgun) IMMEDIATE CAUSE (a). DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO ST 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 7 P.M. 2-10-19 86 Self-inflicted. 710 PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM ETC 1 AT WORK AT WORK home Box 222H, Catalina Dr., Lusby, Calvert, MD Inspection X 27a I certify that I took charge of the remains described above, held an Autopsy PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BACTIMORE, MARYLAND Suicide X Natural causes Accident TITLE (SPECIFY) ACTUAL DATE SIGNED 2-11-86 Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., MD 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢. NAME OF CEMETERY OR CREMATORY Burial Jan.14,1986 Springfield, Vale 07/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Socia Davidson W.Clarke Mattingley Leonardtown, MarylandFFR (VR A15 ME (5))

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1	-	STATE
		PEGISTRAP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CALE OF DEATH	REG. NO.	
1	DECEASED NAME FIRST	MIDDLE	LA	151	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT)	NIE HA	AYNES	WILSON	February 2:	7, 1986 3:00A
ı	3 SEX	4 RACE	5. DATE OF		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Black	June	30,1900	85 YRS	MONTHS DATS HOURS MIN.
P	To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNT		TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	N.C.	USA	WIDOWED		St. Mary's	County MD.
1	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, N				120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
2	Leonardtown St. Mary's Hospital					
7		Mary's Colt		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO P.O. Box 36	DE 20626
/	14 FATHER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN NA		
		nry wilso		Melinda	WIDDLE	Goodloe
	160 WAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	ADDRESS	11/20074-12
	(YES NO OR UNKNOWN) (IF YES, GI	(VE WAR OR DATES)	01-3623	Anna B. Wi	ilson Same	as 13e.
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONT					
	GIFETHER NOTIFY MEDICAL EXAMINE WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY O	FFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this hospital) attended the deceased fram					
,	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D					
	22d. PHYSICIAN'S NAME (TYPE OR PR. A. Patil, M.D.			Leonardtown, Md		
	236 BURIAL, CREMATION, REMOVAL Burial	3/2/86		METERY OR CREMATORY ood Cemeter	23d LOCATION CITY OR TOWN D' DURHAM D'	urĥam N.C.

DHMH - 16 60M 7/B4

BP_

(VRA 15, 4)

24 FUNERAL DIRECTOR W. Clarke Mattingley, Leonardtown, Md.

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Maryland

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

042116

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

26 HOUR

NO I

Bushwood, St. Mary 's Mdw

